

**APPLICATION FOR VIATICAL
SETTLEMENT BROKER LICENSE**



State of Wisconsin
Office of the Commissioner of Insurance
Agent Licensing Section
P.O. Box 7872
Madison, WI 53707-7872
(608) 266-8699

Ref: Section 632.68, Wis. Stat.

<http://badger.state.wi.us/agencies/oci/agentlic.htm>

INSTRUCTIONS: This application together with the \$750.00 nonrefundable fee is required for original licensure. Refusal to provide this information will result in denial of license. Personally identifiable information on this form will be matched with information from other states and law enforcement agencies.

License Number (For office use only)	Resident Code (For office use only)	CR # (For office use only)
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**SECTION I
PLEASE COMPLETE THE BLANKS AND CHECK THE APPROPRIATE BOXES BELOW**

Name of Broker		FEIN	
DBA/Trade Name (if applicable)			State of Domicile
Business Address	City	State	Zip
Phone Number () -	Fax Number () -	Incorporation/Formation Date (month)____(day)____(year)_____	
Mailing Address	P.O. Box	City	State Zip
Contact Person (for questions relating to the application filing)			Phone Number () -
Type of Organization (check one) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Individual Name _____ Social Security # _____ Wisconsin Agent Licensing # _____ Address _____ P.O. Box _____ City _____ State _____ Zip+4 _____			

SECTION II BIOGRAPHICAL INFORMATION

INSTRUCTIONS: *Answer Y for "Yes" and N for "No" for all questions in Section II. If you answer "YES" to any of the questions, it will be necessary for you to attach copies of the documentation listed to your application. Failure to attach the documentation will delay the issuance of your license and may result in the denial of your license. Applications are reviewed on an individual basis after they are received by OCI, and decisions cannot be made prior to receipt of the complete application by OCI.

1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld?
 "Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.
 If you answer yes, you must attach to this application:
 - a) a written statement explaining the circumstances of each incident,
 - b) a copy of the charging document, and
 - c) a copy of the official document which demonstrates the resolution of the charges or any final judgment
2. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license?
 "Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.
 If you answer yes, you must attach to this application:
 - a) a written statement identifying the type of license and explaining the circumstances of each incident,
 - b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
 - c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.
3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding?
 If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.
4. Has the business entity or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?
 If you answer yes, identify the jurisdiction(s): _____
5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?
 If you answer yes, you must attach to this application:
 - a) a written statement summarizing the details of each incident,
 - b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
 - c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.
6. Has the business entity or any owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?
 If you answer yes, you must attach to this application:
 - a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
 - b) copies of all relevant documents.

Name and Title	Date of Birth (mandatory)	Social Security No. (mandatory)	Wisconsin Insurance Intermediary License Number (if applicable)	Section II Answers*					
				1.	2.	3.	4.	5.	6.

**SECTION III
PROFESSIONAL LIABILITY**

INSTRUCTIONS

Submit an original endorsement from a licensed insurer identifying professional liability insurance held by you in an amount not less than \$1 million.

**SECTION IV
LIST OF LICENSED PROVIDERS**

Provide names and addresses of companies the broker will be representing. Please be aware that all activities relating to viatical settlements must be performed with Wisconsin licensed viatical settlement providers.

Name of Provider	Address

**SECTION V
CERTIFICATION**

I have read and knowingly made the foregoing statements and representations and certify that each statement and representation is true to the best of my knowledge. I understand that any misrepresentation, false statement, or fraud in connection with this application may be cause for revocation or suspension of a license issued or may be cause for denial of application in addition to any other actions or penalties or both.

If the broker is a corporation, partnership, or limited liability company, I certify that it has designated or will designate an individual in the corporation, partnership, or limited liability company to serve as the broker.

I intend to act in good faith as a viatical settlement broker and to comply with all applicable Wisconsin laws and with all applicable rules and orders of the Wisconsin Commissioner of Insurance. I agree to be subject to the jurisdiction of the Commissioner of Insurance and the Wisconsin courts on any matter related to my broker activities in Wisconsin and to accept service of process under ss. 601.72 and 601.73, Wis. Stat.

Signature of Applicant	Title
Name (Please Print)	Date